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Reproductive rights, sexual and reproductive health and family planning

(Chapter VII of the draft programme
of action of the Conference)

Text submitted by the Chairman of Working Group II, Mr. Nicolaas Biegman (Netherlands), on the basis of negotiations held on document A/CONF.171/PC/5

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Chapter VII

REPRODUCTIVE RIGHTS, SEXUAL AND REPRODUCTIVE HEALTH AND FAMILY PLANNING 1/

A. Reproductive rights and reproductive health

Basis for action

7.1. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of [fertility regulation] of their choice, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. Sexual health is the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love, and thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

7.2. [Sexual and reproductive rights embrace certain human rights that are already recognized in various international human rights documents and in other documents reflecting international consensus.] The cornerstone of sexual and reproductive health rests on the recognition of the basic right of all [couples and individuals] to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, [and the right to the enjoyment of the highest attainable standard of sexual and reproductive health]. It also includes respect for [security of the person and] physical integrity of the human body as expressed in human rights documents, [and the right of individuals to make decisions concerning reproduction free of discrimination, coercion and violence]. In the exercise of this right, couples and individuals should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of sexual and reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive and sexual health eludes many of the world's people because of such factors as: inadequate

levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to services in most countries. Older women and men have distinct [reproductive and sexual health] issues which are often inadequately addressed.

Objectives

7.3. The objectives are:

(a) To ensure that comprehensive and factual information and the [full] range of [reproductive and sexual health]-care services, including family planning, are accessible, affordable, acceptable and convenient to the users, whether women, men or adolescents;

(b) To enable and support responsible voluntary decisions about child-bearing and methods of [fertility regulation] and to have the information, education and means to do so;

(c) To meet changing reproductive and sexual health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

Actions

7.4. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals [of all ages] as soon as possible [and no later than the year 2015]. [Reproductive health] care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery, [pregnancy termination] and post-natal care, especially breast-feeding, infant and women's health care; prevention and appropriate treatment of infertility; prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other [reproductive health] conditions; and information, education and counselling, as appropriate, on human sexuality, [sexual and reproductive health] and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery, abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases and HIV/AIDS should always be available, as required. Active discouragement of harmful practices such as female genital mutilation should also be an integral component of reproductive and sexual health-care programmes.

7.5. [Reproductive and sexual health]-care programmes should be designed to serve the needs of women and adolescent females and must involve women in the leadership, planning, decision-making, management, implementation, organization

and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system.

7.6. Innovative programmes must be developed to make information, counselling and services for [sexual and reproductive health] accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning, domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases. Programmes must reach men in their workplaces, at home and where they gather for recreation. Boys and adolescents, with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate. Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases and AIDS, should be promoted and made accessible with adequate information and counselling.

7.7. Governments should promote much greater community participation in reproductive and sexual health-care services by decentralizing the management of public health programmes and by forming partnerships in cooperation with local non-governmental organizations and private health-care providers. All types of non-governmental organizations, including local women's groups, trade unions, cooperatives, youth programmes and religious groups, should be encouraged to become involved in the promotion of better reproductive and sexual health.

7.8. Without jeopardizing international support for programmes in developing countries, the international community should, upon request, give consideration to the training, technical assistance, short-term [contraceptive supply] needs and the needs of the countries in transition from centrally managed to market economies, where reproductive and sexual health is poor and in some cases deteriorating. Those countries, at the same time, must themselves give higher priority to [reproductive and sexual health] services, including a comprehensive range of contraceptive means, and must address their current reliance on abortion for fertility regulation by meeting the need of women in those countries for better information and more choices on an urgent basis.

7.9. Migrants and displaced persons in many parts of the world have limited access to [reproductive health] care and may face specific serious threats to their [reproductive and sexual health and rights]. Services must be sensitive particularly to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

B. Family planning

Basis for action

7.10. The aim of family-planning programmes must be to enable individuals and couples to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available the [full] range of safe and effective [fertility regulation] methods. The success of population education and family-planning

programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play. In every society there are many social and economic incentives and disincentives that affect individual decisions about child-bearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.

7.11. Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction throughout much of the world. Currently, about 55 per cent of couples in developing regions use some method of family planning. This figure represents nearly a fivefold increase since the 1960s. Family-planning programmes have considerably contributed to the decline in average fertility rates for developing countries, from about six to seven children per family in the 1960s to about three to four children at present. However, the full range of modern family-planning methods still remains unavailable to at least 350 million couples world wide, many of whom say they want to space or prevent another pregnancy. Survey data suggest that approximately 120 million additional women world wide would be currently using a modern family-planning method if more accurate information and affordable services were easily available, and if partners, extended families and the community were more supportive. These numbers do not include the substantial and growing numbers of sexually active unmarried individuals wanting and in need of information and services. During the decade of the 1990s, the number of couples of reproductive age will grow by about 18 million per annum. To meet their needs and close the existing large gaps in services, family planning and contraceptive supplies will need to expand very rapidly over the next several years. The quality of family-planning programmes is often directly related to the level and continuity of contraceptive use and to the growth in demand for services. Family-planning programmes work best when they are part of or linked to broader reproductive health programmes that address closely related health needs and when women are fully involved in the design, provision, management and evaluation of services.

Objectives

7.12. The objectives are:

(a) To help [couples and individuals] meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of birth of their children;

(b) To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity and mortality;

(c) To make quality family-planning services affordable, acceptable and accessible to all who need and want them, [while maintaining confidentiality];

(d) To improve the quality of family-planning advice, information, education, communication, counselling and services;

(e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;

(f) To promote breast-feeding to enhance birth spacing.

Actions

7.13. [(a) Governments and the international community should use the full means at their disposal to support the principle of voluntary choice in family planning.]

(b) All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the [sexual and reproductive health] context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, [in all cases by the year 2015], seek to provide universal access to the [full] range of safe and reliable family-planning methods and to related [legally permissible] [reproductive health] services. The aim should be to assist [couples and individuals] to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

(c) Governments at all levels are urged to institute systems of monitoring and evaluation of user-centred services with a view to detecting, preventing and controlling abuses by family-planning managers and providers and tc ensure a continuing improvement in the quality of services. To this end, Governments should secure conformity to human rights, and to ethical and professional standards in the delivery of family planning and related [reproductive and sexual health] services aimed at ensuring responsible, voluntary and informed consent.

(d) Non-governmental organizations should play an active role in mobilizing community and family support, in increasing access and acceptability of [family-planning and reproductive health] services, and cooperate with Governments in the process of preparation and provision of care, based on informed choice, and in helping to monitor public- and private-sector programmes, including their own.

7.14. As part of the effort to meet unmet needs, all countries should seek to identify and remove all the major remaining [barriers] to the utilization of family-planning services. Some of those [barriers] are related to the inadequacy, poor quality and cost of existing family-planning services. It

should be the goal of public, private and non-governmental family-planning organizations to remove all programme-related [barriers] to family-planning use [by the year 2005] through the redesign or expansion of information and services and other ways to increase the ability of [couples and individuals] to make free and informed decisions about spacing [and limiting] births and protect themselves from sexually transmitted diseases.

7.15. Specifically, Governments should make it easier for [couples and individuals] to take responsibility for their own [reproductive and sexual health]. [by removing unnecessary legal, medical, clinical and regulatory [barriers] to information and to access to family-planning services and methods.]

7.16. All political and community leaders are urged to play a strong, sustained and highly visible role in promoting and legitimizing the provision and use of family-planning and [reproductive health] services. Governments at all levels are urged to provide a climate that is favourable to good-quality public and private family-planning and reproductive and sexual health information and services through all possible channels. Finally, leaders and legislators at all levels must translate their public support for family planning and reproductive health into adequate allocations of budgetary, human and administrative resources to help meet the needs of all those who cannot pay the full cost of services.

7.17. In support of fully responsible, informed, [legally and permissible] reproductive choices, Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives.

7.18. In the coming years, all family-planning programmes must make significant efforts to improve quality of care. Among other measures, programmes should:

(a) Recognize that appropriate methods for [couples and individuals] vary according to their age, parity, family size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice;

(b) Provide accessible, complete and accurate information about various family-planning methods, including their health risks and benefits, possible side effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases;

(c) Make services safer, affordable, more convenient and accessible for clients and ensure, through strengthened logistical systems, a sufficient and continuous supply of essential high quality [contraceptives]. [Privacy and confidentiality should be ensured];

(d) Expand and upgrade formal and informal training in [sexual and reproductive health] care and family planning for all health-care providers,

health educators and managers, including training in interpersonal communications and counselling;

(e) Ensure appropriate follow-up care, including treatment for side effects of contraceptive use;

(f) In addition to quantitative measures of performance, give more emphasis to qualitative ones that take into account the perspectives of clients and beneficiaries, including effective management information systems and survey techniques for the timely evaluation of services;

(g) Family-planning and [reproductive health] programmes should emphasize breast-feeding education and support services, which can simultaneously contribute to birth spacing, better maternal and child health and higher child survival.

[7.18 bis. In keeping with the policies of many nations, as agreed to in the consensus of the 1984 International Conference on Population, Governments should "take appropriate steps to help women avoid abortion, which in no case should be [promoted] as a method of family planning, and wherever possible, provide for the humane treatment and counselling of women who have had recourse to abortion".]

(Paragraph 7.19 may require revision in the light of the outcome of discussions on chapters XII and XVI)

7.19. In order to meet the substantial increase in demand for contraceptives over the next decade and beyond, the international community should move, on an immediate basis, to establish an efficient coordination system and global, regional and subregional facilities for the procurement of contraceptive and other commodities essential to reproductive health programmes of developing countries and countries with economies in transition. The international community should also consider measures [such as transfers of technology to developing countries] enabling them to produce and distribute high-quality contraceptives and other commodities essential to reproductive health services, in order to strengthen the self-reliance of those countries. At the request of countries concerned, the World Health Organization should continue to provide advice on the quality, safety and efficacy of family-planning methods.

7.20. Provision of [reproductive health-] care services should not be confined to the public sector but should involve the private sector and non-governmental organizations, in accordance with the needs and resources of their communities, and include, where appropriate, effective strategies for cost recovery and service delivery, including social marketing and community-based services. Special efforts should be made to improve accessibility through outreach services.

C. Sexually transmitted diseases and HIV prevention

Basis for action

7.21. The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV epidemic. Although the incidence of some sexually transmitted diseases has stabilized in parts of the world, there have been increasing cases in many regions.

7.22. The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners. For women, the symptoms of infections from sexually transmitted diseases are often hidden, making them more difficult to diagnose than in men and the health consequences are often greater, including increased risk of infertility and ectopic pregnancy. The risk of transmission from infected men to women is also greater than from infected women to men, and many women are powerless to take steps to protect themselves.

Objective

7.23. The objective is to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women.

Actions

7.24. [Reproductive health] programmes should increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections, especially at the primary health-care level. Special outreach efforts should be made to those who do not have access to reproductive and sexual health-care programmes.

7.25. All health-care providers, including all family-planning providers, should be given specialized training in the prevention and detection of, and counselling on, sexually transmitted diseases, especially infections in women and youth, including HIV/AIDS.

7.26. Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases and HIV should become integral components of all reproductive and sexual health services.

7.26 bis. Promotion and the reliable supply and distribution of high-quality condoms should become integral components of all reproductive health-care services. All relevant international organizations, especially the World Health Organization, should significantly increase their procurement. Governments and the international community should provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection.

D. Human sexuality and gender relations

Basis for action

7.27. Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

7.28. Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality have led to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's reproductive health.

Objectives

7.29. The objectives are:

(a) To promote adequate development of responsible sexuality permitting relations of equity and mutual respect between the genders and contributing to improving the quality of life of individuals;

(b) To ensure that women and men have access to information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities.

Actions

7.30. Support should be given to integral sexual education and services for children and young people with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, that stress male responsibility for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools [at an early age], but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts.

7.31. In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should base national policies on a better understanding of the need for responsible human sexuality in the realities of current sexual behaviour.

7.32. Active and open discussion of the need to protect women, youth and children from any abuse, including sexual abuse, exploitation, trafficking and

violence must be encouraged and supported by educational programmes at both national and community levels. Governments should set the necessary conditions and procedures to encourage victims to report violations of their rights. Laws addressing those concerns should be enacted where they do not exist, made explicit, strengthened and enforced, and appropriate rehabilitation services provided. Governments should also prohibit the production and the trade of child pornography.

7.33. Governments and communities should urgently take steps to stop the practice of female genital mutilation and protect women and girls from all such similar unnecessary and dangerous practices. Steps to eliminate the practice should include strong community outreach programmes involving village and religious leaders, education and counselling about its impact on girls' and women's health, and appropriate treatment and rehabilitation for girls and women who have suffered mutilation. Services should include counselling for women and men to discourage the practice.

E. Adolescents

Basis for action

7.34. The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents that can help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction. This effort is uniquely important for the health of young women and their children, for women's self-determination and, in many countries, for efforts to slow the momentum of population growth. Motherhood at a very young age entails a risk of maternal death much greater than average, and the children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall for young women, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on their and their children's quality of life.

7.35. Poor educational and economic opportunities and sexual exploitation are important factors in the high levels of adolescent child-bearing. In both developed and developing countries, adolescents faced with few apparent life choices have little incentive to avoiding pregnancy and child-bearing.

7.36. In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including

HIV/AIDS, and they are typically poorly informed about how to protect themselves. Programmes for adolescents have shown to be most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.

Objectives

7.37. The objectives are:

(a) To address adolescent [sexual and reproductive health] issues, including unwanted pregnancy, [unsafe abortion], sexually transmitted diseases and HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of [appropriate services and] counselling specifically suitable for that age group;

(b) To substantially reduce all adolescent pregnancies.

Actions

[7.38. Countries should remove legal, regulatory and social barriers to sexual and reproductive health information and care for adolescents and must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to the services and information they need. In doing so, services for adolescents must safeguard their rights to privacy, confidentiality, informed consent and respect.]

7.39. Countries, with the support of the international community, should protect and promote the rights of adolescents to [sexual and reproductive health] education, information and care and greatly reduce the number of adolescent pregnancies.

7.40. Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, [reproductive and sexual health], sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, including contraceptive services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

7.40 bis. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive

behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. Governments and non-governmental organizations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable them to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and [sexual and reproductive health.]

Notes

1/ The delegation of Guatemala indicated a general reservation on the entire chapter.